

P98000042296

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: AMBULATORY BEHAVIORAL HEALTHCARE ASSOCIATES, INC.**  
(PROPOSED CORPORATE NAME- MUST INCLUDE SUFFIX)

000002515390--9  
-05/07/98--01069--014  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

(X) \$70.00      ( ) \$78.00      ( ) \$122.50      ( ) \$131.25

FROM: JESUS GAZQUEZ  
NAME (PRINTING OR TYPED)  
1560 SW 139 AVENUE  
ADDRESS  
MIAMI, FLORIDA 33184  
CITY, STATE & ZIP  
(305) 223-1662  
DAYTIME TELEPHONE NUMBER

FILED  
98 MAY -7 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

CD  
5/14

## **ARTICLES OF INCORPORATION**

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

**FILED**  
98 MAY -7 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

The name of the corporation shall be:

**AMBULATORY BEHAVIORAL HEALTHCARE ASSOCIATES, INC.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**1560 SW 139 AVENUE  
MIAMI, FLORIDA 33184**

### **ARTICLE III SHARES**

The numbers of shares of stock that this corporation is authorized to have outstanding at any one time is:

**10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK**

### **ARTICLES IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**JOHN MACHADO  
3201 SW 132 AVENUE  
MIAMI, FLORIDA 33175**

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address (es) of the incorporator (s) to these Articles of Incorporation is (are):

**JESUS GAZQUEZ**  
**1560 SW 139 AVENUE**  
**MIAMI, FLORIDA 33184**

**JOHN MACHADO**  
**3201 SW 132 AVENUE**  
**MIAMI, FLORIDA 33175**

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this 25th day of March, 1998 .

  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is AMBULATORY BEHAVIORAL HEALTHCARE ASSOCIATES, INC.

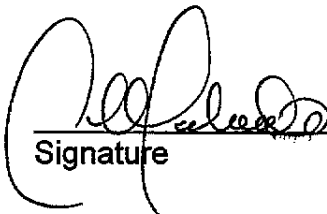
2. The name and address of the registered agent and office is:

JOHN MACHADO  
NAME

3201 SW 132 AVENUE  
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33175  
(CITY, STATE, ZIP)

Having been named as registered agent and to accept service of process of the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent.

  
Signature

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TALLAHASSEE, FLORIDA